

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Analani ARCH, L.L.C.	CHAPTER 100.1
Address: 98-137 Kaluamoi Place, Pearl City, Hawaii 96782	Inspection Date: April 5, 2018

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><b><u>FINDINGS</u></b> Current menu was not posted in the kitchen. The menus in the kitchen and dining area were not consistent.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>THE CAREHOME MENU WAS REVISED SO THAT THE KITCHEN AND DINING ROOM MENU ARE CONSISTENT.</p>	<p>04/05/18</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><b><u>FINDINGS</u></b> Current menu was not posted in the kitchen. The menus in the kitchen and dining area were not consistent.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>TO PREVENT REPEAT ERROR, THE PCG &amp; SUBSTITUTES WILL WORK TOGETHER IN CREATING A MENU WEEKLY, THAT FITS THE RESIDENTS DIETS AS ORDERED. ALL MENUS WILL BE REVIEWED BY BOTH PCG &amp; A SUBSTITUTE TO CHECK FOR CONSISTENCY. A COPY OF THE MENUS WILL BE POSTED IN BOTH THE KITCHEN &amp; DINING ROOM.</p>	04/05/18

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1 - Progress notes did not consistently include resident's tolerance to diet and did not include observations of resident's tolerance to the 1500 cc fluid restriction.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>THE PROGRESS NOTES WERE REVISITED &amp; UPDATED ACCORDINGLY, INCLUDING THE RESIDENT'S RESPONSE TO DIET &amp; FLUID RESTRICTION. ALL MONTHLY PROGRESS NOTES WERE REVIEWED AND CHECKED FOR COMPLETENESS.</p>	04/05/18

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1 - Progress notes did not consistently include resident's tolerance to diet and did not include observations of resident's tolerance to the 1500 cc fluid restriction.</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG &amp; SUBSTITUTES WILL BE MORE MINDFUL WHEN COMPLETING RESIDENTS' PROGRESS NOTES. PCG &amp; SUBSTITUTES WILL REVIEW TO DOUBLE CHECK THAT ALL AREAS HAVE BEEN COVERED. THIS IS TO ENSURE ACCURATE REFLECTION OF THE RESIDENTS' CONDITION, AS WELL AS RESPONSES TO DIET, FLUIDS. AND MEDICATION.</p>	<p>CP 05 04/05/18</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1 - Progress notes did not include physician office visit on 5/4/17 for swelling to the pubic area.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>A LATE ENTRY WAS MADE TO REFLECT THE RESIDENT'S OFFICE VISIT TO THEIR PCP ON 05/04/17 REGARDING SWELLING IN PUBIC AREA. ADDITIONALLY, MONTHLY UPDATES OF SWELLING WERE ADDED TO THE RESIDENT'S PROGRESS NOTES.</p>	04/05/18

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1 - Progress notes did not include physician office visit on 5/4/17 for swelling to the pubic area.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>ALL PHYSICIAN VISITS WILL BE DOCUMENTED IMMEDIATELY IN THE RESIDENT'S PROGRESS NOTES. ADDITIONALLY, MONTHLY MONITORING OF THE SWOLLEN PUBIC AREA WILL BE DONE &amp; CHARTED ACCORDINGLY. BOTH PCG &amp; SUBSTITUTES WILL REVIEW CHARTS AT THE END OF EACH MONTH TO CHECK FOR COMPLETENESS.</p>	04/05/18

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c)  Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><b><u>FINDINGS</u></b>  Resident #1 - On 5/3/17, resident reported swelling in the pubic area. Swelling was firm to touch, the size of a fist, and slightly painful. Resident seen by the physician on 5/4/17. However, incident was not initiated.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>A LATE INCIDENT / UNUSUAL OCCURRENCE REPORT FORM <sup>ENTRY</sup> WAS COMPLETED REGARDING THE RESIDENT'S SWELLING IN PUBIC AREA.</p>	04/05/18



	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c)  Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><b><u>FINDINGS</u></b>  Resident #1 - On 5/3/17, resident reported swelling in the pubic area. Swelling was firm to touch, the size of a fist, and slightly painful. Resident seen by the physician on 5/4/17. However, incident was not initiated.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>IN THE EVENT OF AN INCIDENT OR AN UNUSUAL OCCURRENCE, WHETHER AFFECTING A RESIDENT'S PHYSICAL, MENTAL OR EMOTIONAL CONDITION, AN EVENT REPORT WILL BE COMPLETED AND FILED IN THE CARE HOME'S BINDER. ADDITIONALLY, THE RESIDENT'S PROGRESS NOTES WILL ALSO BE UPDATED ACCORDINGLY, BY EITHER THE PCG OR A SUBSTITUTE.</p>	<p>04/05/18</p>

Licensee's/Administrator's Signature: Corag Kobashigawa  
Print Name: Corazon G. KOBASHIGAWA  
Date: 4/12/18

Licensee's/Administrator's Signature: Corag Kobashigawa  
Print Name: Corazon G. KOBASHIGAWA  
Date: 5/03/18